

Voluntary Appeal File (VAF) Application

* Denotes mandatory information.

[Privacy Policy](#)

Date of application:

*Last Name

*First Name

Middle Name

Cadence

Social Security Number

*State of Residence

Telephone *(No spaces, please)*

*Date of Birth

*Place of Birth (State or Country)

*Gender

*Race

Height

Weight

Eyes

Hair

*Country of Citizenship

*Mailing Address (for receiving correspondence):

*Reason for Application

OTHER LEGAL NAMES:

Last Name

First Name

Middle Name

Cadence

Last Name

First Name

Middle Name

Cadence

Alien Registration Number (*mandatory if Country of Citizenship is other than the U.S.)

Miscellaneous Numbers (Military ID, Driver's License)

E-mail

***APPLICANT'S STATEMENT:**

I give the information on my VAF application voluntarily with the understanding that if my application is successful, I will be entered into the Voluntary Appeal File (VAF), maintained by FBI Criminal Justice Information Services Division's National Instant Criminal Background Check System (NICS) Section. I understand if at any time I wish to be removed from the VAF, I can make a request in writing to the NICS Section to be removed. I also understand if the NICS Section discovers a disqualifying record after my entry into the VAF, the NICS Section may remove my information from the file.

SIGNATURE

DATE

A signature is required on the above applicant's statement. If the required signature is absent, the application cannot be processed and will be returned to the applicant as insufficient. This form with the original signature and original fingerprint card must be returned by mail only.